


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004117	
1. Entity Name ARISE MINISTRIES, INC.	

Principal Place of Business 6432 HWY 27 SOUTH SEBRING, FL 33876 US	Mailing Address P.O. BOX 4522 SEBRING, FL 33871-4522
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0695405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, STACEY ALLEN 515 STRAIGHT STREET SEBRING, FL 33875-9664

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, STACEY ALLEN 515 STRAIGHT STREET SEBRING, FL 338759664
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILLIAMS, DONNA JOY 515 STRAIGHT STREET SEBRING, FL 338759664
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAER, CARRIE 3380 GREEN ACRE WAY SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERCER, LOREN E 117 LAKE FRANCIS DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/06-80128-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stacey A. Williams Stacey A. Williams 4/7/06 863-655-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #